

COUNTY OF ZETLAND  
-----

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1963  
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Public Health Office,  
Brentham Place,  
LERWICK, September, 1964.

To

The Scottish Home and Health Department  
The County Council of Zetland  
The Town Council of Lerwick  
The Education Committee of Zetland County Council

Ladies and Gentlemen,

This report follows the usual pattern and gives an account of the main features of the work of the Public Health Department during the year 1963.

Medicine as always is a challenge. The introduction of the National Health Service in the late forties, almost simultaneously with the discovery of the antibiotics, gave a tremendous impetus to curative medicine. Now, however, there has been a resurgence in interest in preventive and social medicine and in community as opposed to hospital care. This has been a great stimulus to us in our work. Great interest too has been aroused by psychological and sociological studies which have a direct relevance to Community Health, for in the widest aspect the health of a community depends partly on factors which lie within its social life. This is very relevant to our position in Shetland. The loss of population coupled with the increase in the number of old people is a matter which concerns all and complicates the provision of community care, though this is in part balanced by the strong tradition of community care which has existed for many years in these islands.

I am,  
Your obedient Servant,

William M. Prentice,

Medical Officer of Health.



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# VITAL STATISTICS

The following is a summary of the principal statistics for the year 1963. Figures for the years 1961 and 1962 are given for comparison. The figures given are corrected for transfers.

	<u>Zetland</u>			<u>Scotland</u>
	<u>1961</u>	<u>1962</u>	<u>1963</u>	
Population (estimated) .....	17,690	17,537	17,525	
Crude death rate per 1,000 population .....	15.9	14.9	14.4	12.6
Death rate adjusted for age and sex distribution .....	10.4	9.7	9.4	
Live births (including illegitimate) .....	279	320	289	
Birth rate (per 1,000 population) .....	15.8	18.2	16.5	19.7
Illegitimate birth rate (per 100 births) .....	3.9	3.4	4.2	5.2
Infant mortality rate .....	11	19	14	26.0
Deaths from tuberculosis (all forms) .....	1	-	2	
Death rate from tuberculosis (all forms) .....	0.06	-	0.11	0.10
Deaths from pulmonary tuberculosis .....	1	-	2	
Death rate from pulmonary tuberculosis .....	0.06	-	0.11	0.09
Deaths from principal epidemic diseases .....	7	-	1	
Death rate (per 1,000 population) from principal epidemic diseases .....	0.40	-	0.06	0.08



The Registrar General's estimate of the population of the county in the middle of the year 1963 was 17,525, a decrease of 12 in the estimated figure for 1962.

The County of Zetland section of the report of the 1961 Census has just been published and can be obtained from H.M. Stationery Office. It is a report which, though full of interest, has a somewhat depressing tale to tell. The population has decreased by 1,540 or 8% since the 1951 Census. There was a natural decrease (i.e. excess of deaths over births) of 110 persons or 0.6 per cent of the 1951 population, and the Registrar General goes on to suggest that between 1951 and 1961 there was a net migration of approximately about 1,400 from the county to other areas in the British Isles and abroad.

Some other points of interest emerge from this report. The urbanisation and expansion of Lerwick proceeded, the population of the burgh went up by 378 (6.7%), whilst that of the Landward area went down by 1,910 or 13.8 per cent during the intercensal period. Of the thirteen districts of the county which comprise the landward area all but one showed decreases of population between 1951 and 1961. The largest numerical decreases occurred in Dunrossness district (376) and Yell (331) and the largest proportional decreases occurred in the Nesting district (22.9%) and Northmavine district (22.6%). The only increase occurred in the Unst district (3.5%).

The diagram on the following page illustrates the age distribution of the population.

Further information from the census is given on page 7 of this report in the section dealing with Care of the Aged.





The table below shows in order of frequency the most common ascribed cause of death.

	<u>Number</u>	<u>Percentage of Total Deaths</u>
Arteriosclerotic and degenerative heart disease	91	36.0
Malignant neoplasms	35	13.8
Vascular lesion affecting central nervous system	39	15.4
Other circulatory disease	11	4.3
Pneumonia (except of newborn)	9	3.6

The table is much the same as in previous years. Coronary thrombosis was included in the cause of death in 51 (56%) of the cases of heart disease, 35 males and 16 females. The age distribution of these deaths is shown below.

Deaths associated with Coronary Thrombosis

	-35	-45	-55	-65	-75	75+	Total
Males	-	1	3	12	12	7	35
Females	-	-	-	4	9	3	16
	-	1	3	16	21	10	51

There were five deaths from lung cancer, four males and one female. Three of the four males were under 65 as was the female.

The proportion of deaths due to accidents in the home, traffic accidents, and what the Registrar calls "other violence" continued to be less than in the south.

There were no deaths of children between the ages of 1 year and 15 years.

There were 3 deaths from accidents in the home. Two of these deaths were of old people aged over 75.

The table on the following page shows the number of deaths at various ages from all causes.

1963/

1963Number of Deaths

	<u>Males</u>	<u>Females</u>	<u>Total</u>
All ages	117	136	253
- 1	1	3	4
1 - 4	-	-	-
5 - 9	-	-	-
10 - 14	-	-	-
15 - 24	5	-	5
25 - 34	1	3	4
35 - 44	5	2	7
45 - 54	12	3	15
55 - 64	29	21	50
65 - 74	26	30	56
75 - 84	30	48	78
85 and over	8	26	34

CARE OF MOTHERS AND YOUNG CHILDREN

The following table shows the figures for the past six years for stillbirths, neo-natal deaths, and all deaths of infants under one year of age. (By neo-natal deaths are meant deaths of infants during the first month after birth. Most infant deaths occur within the first few days of birth and are caused by congenital malformations and other causes, the prevention of which is difficult).

	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
Births	273	245	286	279	320	289
Total deaths under 1 year	8	5	6	3	6	4
Neo-natal deaths	6	4	6	1	2	3
Stillbirths	10	3	5	8	6	7
Infant mortality rate	29	20	21	11	19	14

This table shows that this was an average year as far as records are concerned. The total of neo-natal deaths and stillbirths added together came to 10. The average total for the previous five years for combined neo-natal deaths and stillbirths was 11.

The infant mortality rate was 14. As we are dealing with a small number of births each year our infant mortality rate can show big variations from year to year. A better index can be got by taking the figures for a five year period. In the period 1959 - 1963 inclusive there have been 1,419 live births and 28 deaths of infants giving an infant mortality rate of 20 for the period. The rate for Scotland (1963) was 27.0.

In the whole county, including the town of Lerwick, 5,398 visits were made by District Nurses and by the Health Visitor to 1,182 children of pre-school age.

The Child Welfare Clinic at Hillhead was attended by 348 different infants who made a total of 1,523 attendances.

### WELFARE FOODS

Welfare foods and vitamin preparations continued to be issued from the Local Authority's office situated in the Child Welfare Centre at Hillhead.

The following table illustrates the uptake of Welfare Foods from this office during 1961, 1962 and 1963.

<u>Welfare Foods Issued.</u>	<u>Tins of National Dried Milk.</u>	<u>Bottles of Cod Liver Oil.</u>	<u>Vitamin Tablets.</u>	<u>Bottles of Orange Juice.</u>
1961	23,743	1,510	628	5,679
1962	25,233	1,129	555	5,725
1963	21,784	1,226	437	6,978

In the country districts the District Nurses continued to help in the distribution of vitamin preparations to mothers.

### DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

Nursing and expectant mothers are entitled to the services of a Local Authority dentist. As long as the shortage of dental manpower in the country continues to be acute we are unlikely to have a real priority dental service. The District Nurses encourage expectant and nursing mothers and pre-school children to obtain treatment from the school dental service whenever the opportunity presents. The table below shows the numbers treated in recent years.

#### Numbers treated by School Dental Officers

	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
Expectant mothers	3	20	12	9	11	10
Nursing mothers	8	29	23	30	34	19
Pre-school children	55	122	108	80	105	18

### MIDWIFERY

During 1963 there were 258 confinements in hospital and 34 confinements at home. Expressed as a percentage this means that 88% of all confinements occurred in hospital. This approximates to the figures for the rest of the area of the North-Eastern Regional Hospital Board. The national average of hospital confinements was in the region of 79% of the total births.

Three cases of puerperal pyrexia occurred during the year.

Sixteen midwives notified their intention to practise midwifery in the county.

Nine of our District Nurse/Midwives are qualified to administer gas and oxygen analgesia.

Maternity outfits are supplied free of charge to expectant mothers confined in their homes.

Statistics about mother and child welfare and maternity services are given on page 9 of the Appendix to this report.



### HEALTH VISITING AND HOME NURSING

The Public Health Department's nursing staff consists of a Nursing Superintendent and twenty nurses. One of these nurses is a whole time health visitor, the rest are district nurses who also act as health visitors.

Health visitors have a variety of duties and all in the service of the public. They are concerned with:-

1. The care of mothers and young children.
2. Supervision and care of the elderly.
3. Care of the mentally disordered.
4. Prevention and control of tuberculosis.
5. Accident prevention.
6. Health education.
7. Special medico-social investigations, e.g. surveys.

A total of 9,353 visits were paid by the District Nurses as Health Visitors and by the Lerwick Health Visitor to 2,085 cases. These visits included 1,135 visits to 162 expectant mothers, 1,647 visits to 270 children under one, 1,009 visits to 350 persons over 65 and 445 visits to 75 tuberculous families.

During 1963 a total of 29,593 home nursing visits were made by the District Nurses to a total of 3,469 persons. 8,580 of these visits were to 462 people over 65.

Two nurses attended refresher courses which are very necessary to maintain the interest and efficiency of nurses who have to work for long periods in comparative isolation.

It is essential that our district nursing service is kept at full strength. Recruitment to the service has been sluggish and it has been hard to fill vacancies. Under these circumstances it has been impossible to plan any extension of the service.

The Health and Welfare Committee have continued to strive to maintain good working and housing conditions for the nursing service.

### CARE OF THE AGED

This has been and continues to be the most important medico-social problems facing the county. The 1961 census revealed that there were 2,817 persons of 65 and over as is shown on the following table.

Aged 65 and over/

	<u>Aged 65 and over</u>	
	<u>Males</u>	<u>Females</u>
Lerwick	284	520
Bressay	15	31
Delting	53	67
Dunrossness	139	215
Fetlar	14	24
Lerwick (Landward)	51	101
Nesting	34	61
Northmavine	56	89
Sandsting	88	119
Tingwall	85	129
Unst	60	86
Walls	55	108
Whalsay	47	77
Yell	84	125
Zetland County	<u>1,065</u>	<u>1,752</u>

A further fact which emerges from the Census is that many of these older people either live alone or in two person households.

	<u>Total persons of pensionable age in 1 and 2 person households</u>		
	<u>All</u>	<u>One Pensionable</u>	<u>Both Pensionable</u>
Lerwick	467	275	192
Bressay	33	21	12
Delting	66	32	34
Dunrossness	204	116	88
Fetlar	21	9	12
Lerwick (Landward)	97	55	42
Nesting	60	24	36
Northmavine	79	47	32
Sandsting	133	51	82
Tingwall	118	70	48
Unst	68	38	30
Walls	108	56	52
Whalsay	61	35	26
Yell	118	60	58
Zetland County	<u>1,633</u>	<u>889</u>	<u>744</u>

The Report of the Royal College of Physicians of Edinburgh on "The Care of the Elderly in Scotland" states that aims of Care of the Elderly should be:-

(a) to sustain them in independence, comfort and contentment in their own homes and when independence begins to wane to support them by all necessary means for as long as possible.

(b) to offer alternative residential accommodation to those who by reason of age, infirmity, lack of a proper home, or other circumstances are in need of care and attention.

(c) to provide hospital accommodation for those who by reason of physical or mental ill health are in need of skilled medical or nursing attention or both.

It is clear that the true need for care exceeds the demand for it.

In the majority of cases relatives and neighbours give the help which enables an old person to continue to live in his own home and this help is often given under most difficult conditions. It is our duty to assist the family to fulfil its role as advancing age can bring both medical and social problems which affect not only the individual, but also his relatives and in the end the community itself.

#### Domestic Help Scheme

As stated above, the help of relatives and good neighbours continues to be the main way of looking after most of our old people. When such help is not available we try to provide domestic assistance from the domestic help scheme - "the home helps." The cases who require such help are often so scattered that someone living in the neighbourhood is usually employed to help each particular case.

During 1963 the scheme was used to help 91 persons, of these 75 were aged 65 or over. Eleven other persons who were classified as being chronic sick, also received domestic help. A further group of five persons, mostly as a result of sudden acute illness in the home, were given help.

Two whole time home helps and 57 part-time home helps were employed at the end of the year. This was equivalent to  $37\frac{3}{4}$  full time home helps. An interesting innovation was the employment of two part-time male home helps, both in Foula. These home helps are particularly useful where there are heavy lifts, e.g. peat and water to carry or where there is no female labour available.

This service is still developing, and is of great value. It is a service which is often the means of keeping old people in their homes and in their own communities and without which there would be no alternative to institutional care.

It is a service which can be improved and should be improved. It is essential that it should not be misused.

#### Eventide Homes

There are 29 beds in Viewforth Home and 13 beds in Leog Home. A further half dozen or so Local Authority cases are housed in the Brevik Hospital. Both houses are kept full but the waiting list for admission is not large and the demand for places in the eventide homes is not as great as one would expect. This is understandable when one considers that most old people are naturally reluctant to leave their home area and travel to town and live their last years with strangers. Many of them prefer to struggle on until they get past the stage of being suitable applicants for an eventide home and have become candidates for a hospital geriatric bed.

In this county due in part to the special geographical features and also in part to the structure distribution and values of its society the demand/



demand for beds for patients needing hospital care is far more urgent than the demand for beds in hostels for the old. The hospitals at any time can only look after a small proportion of the large number of bedridden old persons.

The Brevik Hospital provides 50 geriatric beds. There are 23 beds in the Montfield Hospital and nearly all of them are now used for geriatric patients. In addition there are also some 12 - 15 beds in the Old Gilbert Bain Hospital which has been retained for use as convalescent beds for old persons who, although not permanent hospital cases, require prolonged hospital treatment before being sent home. If we did not have the use of these beds, the turn over of the beds in the New Gilbert Bain Hospital would be slowed down.

#### Meals-on-Wheels

Towards the end of the year the Health and Welfare Committee agreed to co-operate with the W.V.S. in providing a Meals-on-Wheels service. The service is initially to be in Lerwick only but it is hoped to extend this service in time.

### VACCINATION AND IMMUNISATION

#### Vaccination against Smallpox

During 1963, 84 infants were known to have been vaccinated against smallpox in this county. This compares with 106 in 1962, 46 in 1961 and 50 in 1960. Some others were probably vaccinated without the Public Health Office having any record of the fact.

It will be noted that there has been an improvement in the number of children vaccinated in the past few years though it is still a far lower proportion than in most other counties. In fact, about one third of the children in this county are vaccinated in infancy.

The safest and most suitable time for primary vaccination against smallpox is at any time from one year to about five years of age. Few children of this generation will go through life without having to be vaccinated against smallpox at some time or other (either for foreign travel or as a condition of entering nursing or other professions). It must be emphasised that adolescence is not the safest age at which a person should be vaccinated for the first time.

#### Diphtheria Immunisation

It is eighteen years since the last case of diphtheria occurred in this county. Diphtheria has only been repressed, not suppressed, and there is the constant danger of a resurgence in incidence should we abandon our prophylactic measures. All children should receive protective inoculation against diphtheria.

During the year 353 children were given a full course of immunisation against diphtheria. In the case of 352 of these children the diphtheria immunisation was given as part of a combined antigen.

Our figures show that about 80 per cent of the children of pre-school age have been immunised against diphtheria.

#### Immunisation against Whooping Cough

308 children as against 171 children last year were given a course of immunising injections against whooping cough. Practically all were given this as part of a combined antigen.

#### Immunisation against Tetanus/

### Immunisation against Tetanus

During the year 540 children were given a full course of immunisation against tetanus. In the case of 352 of these children the diphtheria immunisation was given as part of a combined antigen.

### Protection against Poliomyelitis

During the year 746 persons were given primary protection against poliomyelitis compared with 603 in 1962.

The total number of persons having received a protective course of vaccination against poliomyelitis totalled 4,359 at the end of 1963. Again there is room for improvement in this figure.

Statistics about immunisation are given on page 11 of the appendix.

The general practitioners play a major part in the Council's schemes of immuno-prophylaxis.

## PREVENTION OF ILLNESS, CARE AND AFTER CARE

### Tuberculosis

There were two deaths from tuberculosis during the year. Six pulmonary cases and two non-pulmonary cases were notified. The following table shows the yearly average of notifications and of deaths from tuberculosis tabulated in five year intervals from 1931 until 1955.

<u>Year</u>	<u>NOTIFICATIONS</u>			<u>DEATHS</u>		
	<u>Pulmonary</u>	<u>Non-Pulmonary.</u>	<u>Total.</u>	<u>Pulmonary.</u>	<u>Non-Pulmonary.</u>	<u>Total</u>
1931-35 (Average)	31	30	61	22	11	33
1936-40 (Average)	27	17	44	12	8	20
1941-45 (Average)	31	10	41	13	4	17
1946-50 (Average)	22	8	30	10	1	11
1951-55 (Average)	12	5	17	3	2	5

The following table shows the numbers of notifications and deaths for the last eight years.

<u>Year</u>	<u>NOTIFICATIONS</u>			<u>DEATHS</u>		
	<u>Pulmonary</u>	<u>Non-Pulmonary</u>	<u>Total</u>	<u>Pulmonary</u>	<u>Non-Pulmonary</u>	<u>Total</u>
1956	5	1	6	-	1	1
1957	9	7	16	1	-	1
1958	8	6	14	1	-	1
1959	6	1	7	1	1	2
1960	2	1	3	-	-	-
1961	6	-	6	1	-	1
1962	8	1	9	-	-	-
1963	7	2	9	2	-	-

Over the past eight years we have averaged 9 new notifications. When those tables above are compared the decreasing incidence of pulmonary tuberculosis is apparent but it must be emphasised that we have/

have not by any means eliminated tuberculosis. Patients whose lesions have long been quiescent can on occasion suffer a relapse in late middle age and can then infect younger persons.

The examination of contacts of cases of tuberculosis and the protection of young people by B.C.G. vaccination has been energetically pursued during the year.

The best index available as to the extent of tuberculous infection within a community is the number of positive and negative reactors among school leavers as found by the tuberculin reaction. The proportion of children found to have encountered infection is falling throughout Scotland. This shows that the pool of infection is being progressively reduced.

In Shetland the numbers reacting to the tuberculin test are fewer than in most parts of Scotland. For this reason it is most important that young adolescents should be protected by B.C.G. vaccination before they leave school and go to areas where they may be exposed to infection. During the year 194 school leavers were given B.C.G. vaccine.

	Children 13-14 years Tuberculin Tested.	Negative Reactors.	Percentage Negative.	Percentage School Leavers Negative in Scotland.
1956	235	219	93	72
1957	220	202	92	73
1958	198	183	92	74
1959	182	173	95	80
1960	181	173	95	81
1961	230	215	93	-
1962	198	189	95	-
1963	208	194	93	-

40 contacts of tuberculosis cases were tuberculin tested and 36 of them were found to be negative. 36 of these negative reactors were given B.C.G. vaccination.

The Medical Officer of Health acted as Chest Physician to the county. Persons on the tuberculosis register and others attended the weekly chest clinic at the New Gilbert Bain Hospital.

District Nurses made a total of 449 visits to 75 people on the tuberculosis register.

Statistics about tuberculosis are given on page 10 of the Appendix.

### Chiropody

The County Branch of the British Red Cross Society continued to sponsor a Chiropody Clinic for the elderly in Lerwick. It would be of great benefit to our older citizens if this service could be extended.

### Fluoridation

Towards the end of the year proposals were submitted to the Secretary of State for his approval that arrangements be made for the addition of fluoride to Lerwick's water supply to bring the fluoride content of the water up to 1 part per million.

### Health Education

In April of the year Dr. A. G. Mearns, Medical Adviser to the Scottish Council for Health Education and Senior Lecturer in Public Health and Social Medicine at the University of Glasgow visited schools and youth groups in Lerwick, Scalloway, Sandwick, Brae, Whalsay, Aith, Urafirth and Walls. He gave general talks on health with special emphasis/



emphasis on the hazards of cigarette smoking.

Dr. Mearns also addressed a special meeting of district nurses and hospital nursing staff held in the Gilbert Bain Hospital. Again the subject was the health hazards of cigarette smoking.

There is a stock of film strips on various health topics in the Public Health Office and District Nurse/Health Visitors have taken the opportunity of giving talks on health matters to women's clubs in their areas as the opportunity has occurred. 7 such lectures have been given by 3 of the District Nurse/Health Visitors and two nurses gave courses of lectures in first aid or home nursing.

The nurses also use a various assortment of leaflets and pamphlets for parents in the course of their child welfare work, but there is no doubt that informal discussion with the family doctor or the nurse is at present the most effective form of health education.

#### Prevention of Accidents in the Home

There were three deaths from accidents in the home during 1963. Two of these deaths occurred in persons over seventy five, whilst the other was of a person over 65. There were three deaths from this cause in 1962 and one in 1961. The very old and the child at the toddler stage are the two age groups most at risk from this cause.

#### INFECTIOUS DISEASES

The table below shows the number of cases of notifiable infectious disease (excluding tuberculosis) in the county during 1963.

<u>Disease</u>	<u>At All Ages</u>	<u>Received Hospital Treatment</u>	<u>Cases not removed to Hospital</u>
Food Poisoning	4	1	3
Acute Infectious Jaundice	4	-	4
Measles <sup>§</sup>	13	-	13
Puerperal Fever	3	3	-
Scarlet Fever	3	-	3
Typhoid Fever	1	1	-
Paratyphoid Fever	1	1	-

<sup>§</sup> Not compulsorily notifiable.

Measles was fairly prevalent throughout the mainland of Shetland though exact figures are not available as the disease is not compulsorily notifiable. The disease which had been fairly prevalent in the spring in the industrial belt of Scotland did not reach Shetland until the late autumn.

The case of typhoid fever occurred in a local seaman who contracted the disease abroad. There was no spread of the infection.

#### MENTAL HEALTH

There has been a happy co-operation between the Mental Health Service of the Local Authority and the hospital authorities. Formal and informal contacts have taken place at various levels and the Health Committee/

Committee has authorised the Mental Health Officer to visit Kingsseat Hospital quarterly to assist in the rehabilitation of patients back into their own home environment.

There are eight mental defectives in the county under formal guardianship and twenty eight under informal care.

During the year six patients were admitted to mental hospitals for psychiatric treatment as formal admissions, whilst fifty seven were admitted informally. Thirty four patients were discharged from psychiatric hospitals during the year.

The Mental Health Officer paid 279 visits to 86 persons during the year.

#### PORT HEALTH ADMINISTRATION

During the year there were 435 occasions on which vessels made a port in Shetland their first port of call after leaving a foreign country. In each case satisfactory Declaration of Health statements were received by Customs Officers.

#### NURSERY AND CHILD MINDERS REGULATION ACT

There are no persons in the county known to be paid for acting as "child minders."

#### CLEAN AIR ACT, 1956

#### NOISE ABATEMENT ACT, 1960

#### RIVERS (PREVENTION OF POLLUTION) (SCOTLAND) ACT, 1951

#### THE AGRICULTURAL (SAFETY, HEALTH AND WELFARE PROVISIONS) ACT, 1956

The Department of Health have asked Medical Officers of Health to comment in their reports on any action taken under these five Acts. As far as I know no action has been taken by the County Council under any of these Acts.

REPORT ON SCHOOL MEDICAL INSPECTION

Year ended 31st July, 1963

School Medical Officer (part-time)

S.A.B. Black, M.D., D.P.H., D.T.M.&H. (Until January, 1963)  
 W. M. Prentice, M.B., Ch.B., D.P.H. (From April, 1963).

School Dental Officers

J. F. Allan, B.D.S.  
 Christopher J. Booth, B.D.S.  
 Christopher Ingram, B.D.S.

School Nurses (part-time)

Lerwick - One.  
 Other Areas - 19 District Nurses in 19 areas in the  
 County.

Specialist Medical Officers

The various consultants of the North-Eastern  
 Regional Hospital Board to whom cases from  
 this county are referred.

Clerks

2 (part-time)

GENERAL STATISTICS

Population of Area - 17,537

## Number of Schools

Primary	-	39
Senior Secondary	-	1
Junior Secondary	-	11
Side Schools	-	1

Number of children on register	-	2,889
Number of children in average attendance	-	2,669
Percentage attendance for year	-	92%

## Report on School Medical Inspection

This report covers the school year ending 31st July, 1963. It was during this year that Dr. S.A.B. Black resigned office as School Medical Officer, and I was appointed to the post.

However, despite the disruptive effect of these events on the service, all the schools in the county including those on Fair Isle and Foula, but excepting Skerries, were visited.

All the routine medical inspections were made, but it was not possible, for the reasons given above, to carry out any experiments into new methods of health supervision or to undertake any research project.

Pupils in the following age groups were given a routine school medical inspection.

- (I) All entrants and pupils not previously given a routine school medical inspection.
- (II) Pupils born in 1955 (examined for visual acuity and hearing only).
- (III) Pupils born in 1953.
- (IV) Pupils born in 1949.
- (V) Pupils born in 1946.

## The Findings of Medical Inspection

Table 1 on page 1 of the Appendix shows that 51 children seen at routine examinations and 21 who were given a special examination were notified as requiring treatment. This total of 72 pupils requiring treatment is 36 less than in the previous year.

Table 11 on page 2 of the Appendix shows in detail under separate headings, the number of defects found at systematic examinations. There are no figures that differ much from the same table in the reports for the last few years.

## Vision Testing

There has been, however, one innovation during the year. Routine testing of vision of school entrants by the Chevasse E Test was commenced.

In all 37 pupils were recommended for refraction because of defective vision during the year. This part of the routine school medical inspection is certainly of great value as a defect of vision is often of such a nature that a parent might easily fail to notice it.

## Defective Hearing

As a result of co-operation with the Board of Management for the Shetland Hospitals it was possible to continue the audiometric screen test for hearing which was introduced last year.

The findings of the audiometric screen testing of seven year olds were as follows.

Number given audiometric screen test	-	147
Number noted as requiring re-inspection	-	3

In addition 14 children were tested at the request of their parents or teachers. Four of these children required further investigation.

Under the heading "Mouth and Teeth Unhealthy" in Table 11, as usual children requiring treatment for uncomplicated dental caries have not been included./



included. Here only cases of abscesses, unhealthy gums and advanced dental caries have been recorded.

Table lll is much the same as in previous years, but too much reliance should not be placed on it as standards of assessment and classification can so easily vary between different medical officers in different areas. Our figures appear to be better than average.

Table lV gives particulars about handicapped pupils. There are fewer children qualifying for inclusion in this table than one would expect on a population basis, and as my predecessor has explained in previous reports careful attention has been paid to this matter in case any are remaining undetected. It appears that we are fortunate and have a smaller proportion of handicapped children.

It is hoped in the coming session to introduce a routine audiometric screen test for hearing at school entry so that hearing defects are ascertained as early as possible.

In addition all boys colour vision will be tested before they leave school, as defective colour vision can affect the choice of career open to a boy.

It appears to me that a good case could be made for the employment of a part-time educational psychologist by the Education Authority and that consideration might be given to this matter. The duties of such a psychologist would be:-

1. Routine psycho-metric testing.
2. The ascertainment of the cause of educational and social failure at school and advising as to their cure.
3. Advising in the management of behaviour disorders at school.

A P P E N D I XTABLE 1

Total number of children examined at:-

(A)		Systematic Examinations:-	Other systematic Examinations:-
Ordinary Schools	(Entrants	291	-
	(Second Age Group	251	-
	(Third Age Group	241	-
	(Fourth Age Group	173	-
Secondary Schools	(Fourth Age Group	59	-
	(Fifth Age Group	55	-
		<u>1,070</u>	<u>-</u>
(B) Other examinations:		Special cases	77
		Re-inspections by Medical Officer	62
			<u>139</u>

Number of individual children inspected at systematic examination, who were notified to parents as requiring treatment (excluding uncleanliness and dental caries):-

Entrants	-	4
Second Age Group	-	13
Third Age Group	-	16
Fourth Age Group	-	17
Fifth Age Group	-	1
Other systematic examinations	-	-
		<u>51</u>

Of 139 children given a re-inspection or special examination 21 were notified to parents as requiring treatment and 15 were noted for re-inspection again during the school year 1963-64.

TABLE 11

Return of number and percentage of individual children in each age group suffering from particular defects:-

[illegible]

[illegible]



T A B L E 11 (Cont'd.)

Nature of Defect.	Total defective at all ages	Entrants		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
(b) Acquired (Infantile Paralysis)	-	-	-	-	-	-	-	-	-	-	-
(c) Acquired (probable rickets)	1 0.1	-	-	-	1 0.8	-	-	-	-	-	1 0.2
(d) Acquired (Other causes)	2 0.2	1 0.7	-	-	-	1 0.9	-	-	-	2 0.5	-
5. Infectious diseases	-	-	-	-	-	-	-	-	-	-	-
6. Other diseases or defects	19 2.3	3 2.0	3 2.1	3 2.4	2 1.7	3 2.7	4 3.3	1 3.8	-	10 2.4	9 2.2

## . (b) Visual acuity:

Nature of defect.	Total defective at all ages.	Entrants		Second Age Group		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Total number subjected to routine vision testing:	875	50	46	134	117	123	118	112	120	26	29	445	430
Visual acuity:													
Air	95 10.9	7 14.0	5 10.9	14 10.4	12 10.3	14 11.4	11 9.3	11 9.8	16 13.3	-	5 17.2	46 10.3	49 11.4
Ad	46 5.3	1 2.0	-	2 1.5	8 6.8	9 7.3	8 6.8	6 5.4	8 6.7	3 11.5	1 3.4	21 4.7	25 5.8
Number recommended for refraction	37 4.2	-	-	5 3.7	8 6.8	7 5.7	4 3.4	6 5.4	6 5.0	-	1 3.4	18 4.0	19 4.4

TABLE 111

## Systematic Medical Examinations

* Classification	Entrants		3rd age group		4th age group		5th age group		Total	
	No. of children	% of the children exd. in this group	No. of children	% of the children exd. in this group	No. of children	% of the children exd. in this group	No. of children	% of the children exd. in this group	No. of children	% of the children exd. at systematic medical exams.
Group 1	247	84.880	192	79.668	191	82.328	45	81.818	675	82.418
" 11(a)	6	2.062	17	7.054	15	6.466	5	9.091	43	5.250
" 11(b)	9	3.093	4	1.660	2	0.862	2	3.636	17	2.076
" 11(c)	-	-	-	-	-	-	-	-	-	-
Total	15	5.155	21	8.714	17	7.328	7	12.727	60	7.326
" 111	15	5.155	9	3.734	8	3.448	-	-	32	3.907
" 1V(a)	12	4.123	15	6.224	14	6.034	2	3.636	43	5.250
" 1V(b)	2	0.687	4	1.660	2	0.862	1	1.819	9	1.099
Total	14	4.810	19	7.884	16	6.896	3	5.455	52	6.349
Total No. of children examined	291	100.00	241	100.00	232	100.00	55	100.00	819	100.00

\* Definitions of each group:- 1. Children free from defects. 11(a) Defective vision not worse than 6/12 in the better eye with or without glasses. 11(b) Conditions of the mouth and teeth requiring treatment. 11(c) Both (a) and (b). 111. Children suffering from ailments (other than those mentioned in 11) from which a complete recovery is anticipated within a few weeks. 1V(a) (here complete cure or restoration of function (in case of eye defect, full correction) is considered possible. 1V(b) (here improvement only is considered possible, e.g. without complete restoration of function. Children in the 2nd Age Group are examined for visual acuity only and are therefore not classified into groups.

Table of Average Age, Weight and Height of  
Children examined at Systematic School Medical  
Inspection during the Year Ended 31st July, 1963

<u>Group</u>	<u>Average Age</u> <u>Years Months</u>		<u>Average Weight</u> <u>in lbs.</u>	<u>Average Height</u> <u>in inches</u>
<u>Entrants:-</u>				
Males	5	6.7	46.4	44.9
Females	5	7.3	45.2	44.4
<u>Third Age Group:-</u>				
Males	9	9.7	73.8	54.1
Females	9	8.5	71.7	53.1
<u>Fourth Age Group:-</u>				
Males	13	8.4	108.6	62.5
Females	13	10.0	112.2	61.4
<u>Fifth Age Group:-</u>				
Males	16	11.5	146.6	69.0
Females	16	8.6	121.6	63.0

VISITS TO SCHOOL CHILDREN IN THEIR HOMES BY SCHOOL NURSES

86 children were visited by District Nurses in their capacity as School Nurses and in connection with the School Medical Inspection work.



TABLE 1V

## Return of ALL Exceptional Children of School Age in the Area

Disability	At ordinary schools	At special schools or classes	At no school or institution	Total
1. Blind ... ..	-	-	-	-
2. Partially sighted:				
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition	-	-	-	-
(b) Other conditions of the eye, e.g. cataract, ulceration, etc., which render the child unable to read ordin- ary school books or to see well enough to be taught in an ordinary school	-	-	-	1 -
3. Deaf:				
Grade 1 ... ..	2	-	-	2
" 11(a) ... ..	2	-	-	2
" 11(b) ... ..	-	-	-	-
" 111 ... ..	-	2	1	3
4. Defective speech:				
(a) Defects of articulation requiring special educ- ational measures ...	3	-	-	3
(b) Stammering requiring special educational measures ... ..	1	-	-	1
5. Mentally defective:				
(Children between 5 and 16 years)				
(a) Educable ... ..	7	-	1	8
(b) Ineducable ... ..	-	-	10	10(+ 2)*
6. Epilepsy:				
(a) Mild and occasional ...	1	-	-	1
(b) Severe (suitable for care in a residential school)	-	-	-	-
7. Physically Defective:				
(Children between 5 and 16 yrs.)				
(a) Non-pulmonary tuberculosis (excluding cervical glands)	-	-	-	-
(b) General orthopaedic conditions ... ..	4	1	-	5
(c) Organic heart disease	1	-	-	1
(d) Other causes of ill health	2	-	-	2
8. Multiple defects ... ..	1	-	1	2

\*†

Two additional mentally defective children of school age are in institutions for mental defectives in the south.

# HEALTH AND TUBERCULOSIS VISITING

## Number of home visits and cases.

Visited by Health Visitors, i.e. Certificated Health Visitors and others doing health visiting work.		No. of Cases.	No. of Visits.
1.	Expectant Mothers	162	1,135
2.	Children born in 1963	270	1,647
3.	Children born in 1962	281	1,360
4.	Children born in 1958-61	631	2,391
5.	School children	86	87
6.	(a) Persons aged 65 and over	350	1,009
	(b) Persons included above who were visited at the special request of a general practitioner or hospital	18	57
7.	(a) Mental Health: Care and aftercare	40	149
	(b) Persons included above who were visited at the special request of a general practitioner or hospital	7	22
8.	(a) Other hospital aftercare	49	482
	(b) Persons included above who were visited at the special request of a general practitioner or hospital	31	256
9.	Tuberculous households	75	449
10.	Other infectious diseases	113	491
11.	Other	28	153

MATERNITY AND CHILD WELFAREAttendance at Lerwick Child Welfare Centre

Number of Expectant Mothers attending	-	11
Total attendances	-	18
Number of Children under 1 year attending	-	123
Total attendances	-	1,051
Number of Children 1-5 years attending	-	225
Total attendances	-	472

Births During 1963

(1) Total number of live births during year (before correction for mother's residence)	-	285
Total number of Stillbirths	-	7
(11) Total number of births in (1) occurring in institutions	-	258
(111) Total number of births occurring at home:-		
Doctor present	-	27
Doctor not present	-	7

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

	No. inspected.	No. requiring treatment.	No. accepting treatment.	No. actually treated.
Expectant Mothers	10	10	10	10
Nursing Mothers	20	20	20	19
Pre-school children	21	19	18	18

### TUBERCULOSIS

#### Number of Cases Diagnosed as suffering from Tuberculosis

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	2	4	6
Non-Respiratory	-	2	2
	2	6	8

#### Number of Cases of Respiratory Tuberculosis with their Home Residence in the Area who received Treatment in Sanatoria or other Institutions

	<u>Males</u>	<u>Females</u>
In Institutions on Jan. 1st:		
Adults	1	2
Children	1	-
Admitted during the year:		
Adults	5	5
Children	-	-
Discharged during the year:		
Adults	4	5
Children	1	-
Died in Institutions:		
Adults	1	-
Children	-	-
In Institutions on December 31st:		
Adults	1	2
Children	-	-

#### Number of Persons resident in the Area at 31st December, 1963 who were known to be suffering from Tuberculosis

Respiratory:	Males	-	43
	Females	-	24
Non-Respiratory	Males	-	4
	Females	-	10

### B.C.G. VACCINATION

	<u>Tuberculin</u>		<u>Negative</u>		<u>Vaccinated</u>	
	<u>Tested</u>		<u>Reactors</u>		<u>during 1963</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
Contacts	20	20	19	17	19	17
School Leavers	97	111	90	104	90	104

SUMMARY OF IMMUNISING INJECTIONS DONE  
UNDER THE COUNTY COUNCIL'S SCHEMES 1963

	<u>By Medical Officer of Health.</u>	<u>By Practitioners</u>
<u>Vaccinations of pre-school children</u> <u>against smallpox</u>	12	72
<u>Diphtheria.</u> Number of children given primary course of two injections	-	1
Number given re-inforcing dose	-	187
<u>Diphtheria/Tetanus.</u> Number of children given primary course of three injections	5	39
Number of children given re-inforcing dose	-	-
<u>Tetanus.</u> Number of children given course of three injections	114	74
<u>Whooping Cough.</u> Number of children given course of three injections	-	5
<u>Diphtheria, Whooping Cough &amp; Tetanus</u> Number of children given a course of three injections of combined antigen	69	239
Number given re-inforcing dose	1	32
<u>Poliomyelitis.</u> Number of persons given 2 primary injections of Salk Vaccine	-	-
Number of persons given re-inforcing doses of Salk Vaccine	-	20
Number of persons given course of Oral Vaccine	74	672
Number of persons given re-inforcing dose of Oral Vaccine	23	327
<u>B.C.G. Vaccine</u>		
Number of school leavers vaccinated	194	-
Number of contacts of tuberculous cases vaccinated	34	2

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**Prescribed particulars on the administration of the  
Factories Act, 1937**

**County of Zetland (Excluding Burgh of Lerwick)**

**Part 1 of the Act**

**1. INSPECTIONS for purposes of provisions as to health  
(including inspections made by Sanitary Inspectors)**

Premises	Number on Register	Number of written Inspections.	Number of notices. prosecuted	Occupiers
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	3	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	58	27	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (including out-workers' premises)	-	-	-	-
<b>TOTAL</b>	<b>63</b>	<b>30</b>	<b>-</b>	<b>-</b>

**2. CASES IN WHICH DEFECTS WERE FOUND**

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found.	Remedied.	Referred To H.M. Inspector.	by H.M. Inspector.	
Want of cleanliness	4	4	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) insufficient	1	1	-	-	-
(b) Unsuitable or defective	3	3	-	-	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	2	2	-	-	-
<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>-</b>	<b>-</b>	<b>-</b>

Prescribed particulars on the administration of the  
Factories Act, 1937

Burgh of Lerwick

Part 1 of the Act.

1. INSPECTIONS for purposes of provisions as to health  
(including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of Inspections.	Number of written notices.	Occupiers prosecuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	12	15	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	57	72	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (including out-workers' premises)	-	-	-	-
TOTAL	69	87	-	-

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars.	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found.	Remedied.	Referred To H.M. Inspector.	by H.M. Inspector.	
Want of cleanliness	-	-	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	-	-	-	-	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork).	-	-	-	-	-
TOTAL	-	-	-	-	-





